





# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education


**Please sign and return this completed form to the local district/school.**

_____	_____
<b>Signature of Person Submitting Appeal</b>	<b>Date</b>

**\*\*\*\*\* FOR SCHOOL USE ONLY \*\*\*\*\***

1. Send a copy of this completed form to the Education of Homeless Children and Youth State Director: [mckinneyventopos@doe.in.gov](mailto:mckinneyventopos@doe.in.gov)
2. Maintain the original copy of this form at the local LEA McKinney-Vento liaison's office (enter liaison's name):  
\_\_\_\_\_
3. A copy of the form must be retained (or provided if a verbal submission) to the individual requesting the appeal.
4. For verbal submissions, please provide the name of the person receiving the data at the LEA or school: \_\_\_\_\_

Status:    Resolved at the LEA    Escalated to IDOE    Unresolved/recommended for further review